

## FEE TRANSMITTAL FOR FY 2001

TOTAL AMOUNT OF PAYMENT (\$) \$ 220.00

Complete if Known:

Application No. 09/296,207

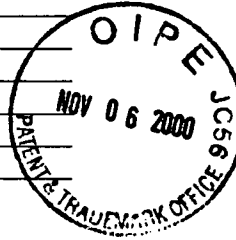
Filing Date April 21, 1999

First Named Inventor Lakshmi Arunachalam

Group Art Unit 2758

Examiner Name Viet D. Vu

Attorney Docket No. 002435.P001DX



RECEIVED  
NOV - 9 2000  
TC 2700 MAIL ROOM

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name \_\_\_\_\_

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:  
☒ Check  
☐ Money Order  
☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75

#### Fee Description

Utility application filing fee  
 Design application filing fee  
 Plant filing fee  
 Reissue filing fee  
 Provisional application filing fee

#### Fee Paid

\$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SUBTOTAL (1) \$ \_\_\_\_\_

#### 2. EXTRA CLAIM FEES

Total Claims 30 - 34 = 0  
 Independent Claims 3 - 5\*\* = 0  
 Multiple Dependent

#### Fee from

#### below

X \$ 18 = \$ -0-  
 X \$ 80 = \$ -0-  
 \_\_\_\_\_ = \_\_\_\_\_

#### Fee Paid

\$ -0-  
 \$ -0-  
 \_\_\_\_\_

\*\*Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40
110	18	210	9

#### Fee Description

Claims in excess of 20  
 Independent claims in excess of 3  
 Multiple dependent claim, if not paid  
 \*\*Reissue independent claims over original patent  
 \*\*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ \_\_\_\_\_

A

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>		
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	\$ 110.00
116	390	216	195	Extension for response within second month	
117	890	217	445	Extension for response within third month	
118	1,390	218	695	Extension for response within fourth month	
128	1,890	228	945	Extension for response within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive unavoidably abandoned application	
141	1,240	241	620	Petition to revive unintentionally abandoned application	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify)		Terminal Disclaimer Under 37 C.F.R. 1.321(c)			\$ 110.00
Other fee (specify)					

SUBTOTAL (3) \$ 220.00

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**

Typed or Printed Name: Michael A. DeSanctis

Signature: 

Date: 10/30/00

Reg. Number: 39,957

phone Number: (303) 740-1980

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Application No. 09/296,207  
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SUBTOTAL (1) \$ \_\_\_\_\_

2. **EXTRA CLAIM FEES**

				<u>Extra Claims</u>		<u>Fee from below</u>		<u>Fee Paid</u>	
Total Claims	<u>30</u>	-	<u>34</u>	=	<u>0</u>	X	\$ 18	=	\$ -0-
Independent Claims	<u>3</u>	-	<u>5**</u>	=	<u>0</u>	X	\$ 80	=	\$ -0-
Multiple Dependent								=	

\*\*Or number previously paid, if greater; For Reissues, see below.

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